

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22	1		1				72						
23	1		1				73						
24		1		1			74						
25		1		1			75						
26		4		4			76						
27		4		4			77						
28		4		4			78						
29		4		4			79						
30		4		4			80						
31		4		4			81						
32		4		4			82						
33		4		4			83						
34		4		4			84						
35		2		2			85						
36		2		2			86						
37		2		2			87						
38		2		2			88						
39		2		2			89						
40		2		2			90						
41		2		2			91						
42		2		2			92						
43	1		1				93						
44		1		1			94						
45		2		2			95						
46		2		2			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	54		59				TOTAL DEP.						
TOTAL CLAIMS	62		62				TOTAL CLAIMS						

BEST AVAILABLE COPY